

CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/
DISCLOSURE FORM

FILED

Badge # _____
Return Date _____
Renewal Date _____

2014 MAY 30 A 9:57

Pursuant to Ordinance No. 3754 which states in part that: "Every person who acts as a lobbyist shall, not later than 5 days after the beginning of the activity, file a registration statement with the County Clerk, Commission Division."

Diana Olson
CLERK

- If registering as an annual lobbyist, this form must be completed once in its entirety. For all subsequent communication, lobbyist need only complete Section 5. Registration statements for annual lobbyists are due no later than January 10th of each calendar year.
- For lobbyist not registered annually, this form must be completed in its entirety for each communication.

Completed forms may also be submitted by fax to the County Clerk, Commission Division at 455-4626. This form can be accessed on the County's website at: www.co.clark.nv.us/clerk/forms.htm

SECTION 1

LOBBYIST'S FULL NAME: Gery Milliken

APPLICATION DATE: _____

PERMANENT ADDRESS: 8779 Victor Colorado, L.V., NV

BUSINESS NAME: GEM Consulting

BUSINESS ADDRESS: Same

SECTION 2

PROVIDE THE FULL NAME AND COMPLETE ADDRESS OF EACH PERSON, GROUP OR ORGANIZATION BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:

NAME/BUSINESS NAME

ADDRESS

PHONE

Green Life Dispensary

500 N. Rainbow #300
L.V., NV 89107

702-
631-7555

SECTION 3

PROVIDE A LISTING OF ANY DIRECT BUSINESS ASSOCIATIONS OR PARTNERSHIPS INVOLVING ANY CURRENT COMMISSIONER. THE LISTING MUST INCLUDE ANY SUCH ASSOCIATION OR PARTNERSHIP CONSTITUTING A SOURCE OF INCOME OR INVOLVING A DEBT OR INTEREST IN REAL ESTATE REQUIRED TO BE DISCLOSED IN A STATEMENT OF FINANCIAL DISCLOSURE MADE BY A CANDIDATE FOR PUBLIC OFFICE OR A PUBLIC OFFICER PURSUANT TO NRS 281A. 620:

BUSINESS ASSOCIATION/PARTNERSHIP

NAME OF CURRENT ELECTED OFFICIAL

SECTION 4

LIST BELOW THE NAME OF ANY COMMISSIONER FOR WHOM YOU HAVE. FOR COMPENSATION, IN CONNECTION WITH A POLITICAL CAMPAIGN OF THE COMMISSIONER, PROVIDED CONSULTING, ADVERTISING OR OTHER PROFESSIONAL SERVICES SINCE THE BEGINNING OF THE PRECEDING CALENDAR YEAR.

NAME

DISCLOSURE

This section should be completed for each communication with a member of the Board of County Commissioners within 5 days after the communication has occurred. Completed forms may be submitted to the front desk at the County Commissioner's Office or the Clerk's Office, Commission Division or faxed to the County Clerk, Commission Division at 455-4626.

SECTION 5

LOBBYIST'S FULL NAME: _____

Gary Miller

COMMUNICATION DATE: _____

5/28

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: _____

Medical Marijuana

COMMISSIONER CONTACTED: _____

Commissioner Sisolak

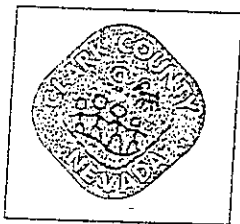
SIGNATURE OF LOBBYIST

[Signature]

DATE

5/28/14

*An amendment to this registration must be filed with the Clark County Clerk's Office, Commission Division, if there is a substantial change or addition with respect to the information contained in the original registration statement.



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Anna Collins
CLERK

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SECTION 1

LOBBYIST'S FULL NAME: Gary Molliken
APPLICATION DATE: _____
PERMANENT ADDRESS: 8274 Vista Colorado - L.V. 89123
BUSINESS NAME: GEM Consulting
BUSINESS ADDRESS: Alex

SECTION 2

PROVIDE THE FULL NAME AND COMPLETE ADDRESS OF EACH PERSON, GROUP OR ORGANIZATION BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:

NAME/BUSINESS NAME	ADDRESS	PHONE
<u>Green Life Dispensary</u>	<u>500 W. Rainbow #300</u> <u>L.V. NV 89107</u>	<u>702-631-</u> <u>7555</u>

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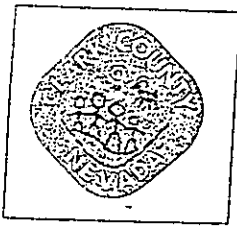
SECTION 5

LOBBYIST'S FULL NAME: Gary M. Uken
COMMUNICATION DATE: 5/29
SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Medical Marijuana
COMMISSIONER CONTACTED: Commissioner Brown

[Signature]
SIGNATURE OF LOBBYIST

5/29/14
DATE

*An amendment to this registration must be filed with the Clark County Clerk's Office, Commission Division, if there is a substantial change or addition with respect to the information contained in the original registration statement.



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Diana Brown
CLERK

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SECTION 1

LOBBYIST'S FULL NAME: Gary M. Miller
APPLICATION DATE: _____
PERMANENT ADDRESS: 8774 Vista Colorado L.V., NV
BUSINESS NAME: GEM Consulting 89123
BUSINESS ADDRESS: Same

SECTION 2

PROVIDE THE FULL NAME AND COMPLETE ADDRESS OF EACH PERSON, GROUP OR ORGANIZATION BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:

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SECTION 5

LOBBYIST'S FULL NAME: Gary Milliken

COMMUNICATION DATE: 5/29

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Medical Marijuana

COMMISSIONER CONTACTED: Commissioner SCOLL

Gary Milliken
SIGNATURE OF LOBBYIST

5/29/14
DATE

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